



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|------------|
| | | Application Number | 10/613,735 |
| | | Filing Date | 7/3/2003 |
| | | First Named Inventor | Rising |
| | | Art Unit | |
| | | Examiner Name | |
| Total Number of Pages in This Submission | | Attorney Docket Number | SSR001 |

ENCLOSURES (Check all that apply)

| | | |
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
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| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
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| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|-----------------|
| Firm or Individual name | CARY TOPE-MCKAY |
| Signature | |
| Date | 01/30/2004 |

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| Typed or printed name | CARY TOPE-MCKAY | | |
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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 1

| <i>Complete if Known</i> | |
|---------------------------------|------------|
| Application Number | 10/613,735 |
| Filing Date | 07/03/2003 |
| First Named Inventor | RISING |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | SSR001 |

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

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